## FILING DATE SERIAL NO. APPLICANT(S) 10-24-01 **CLAIMS ONLY** CLAIMS AFTER 1st AMERICMEDIT AFTER 2nd AMERICAGENT AS FILED DEP. DER B4D, MD. DEP. BID. DEP. UUD. SCD. DEP/ BCD. ₿ ŧ 1. -31-TOTAL TOTAL DED. ļ \_1 TOTAL DEP. **(2)** CUMS 20 CLAIRES MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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F00M PTO-3022 (1-88)

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